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Army Bests Marines in Adaptive Reconditioning Commander's Cup



PHOTOS BY AIRMAN MATTHEW HOBSON

Representatives from the Army and the Marines compete in a wheelchair basketball game during the Adaptive Reconditioning Commander's Cup in the Naval Support Activity Bethesda Fitness Center Feb. 18.

By ANDREW DAMSTEDT
NSAB Public Affairs staff writer

The competition came down to a free-throw tiebreaker.

After two days of events, the Army team tied the Marines in the Adaptive Reconditioning Commander's Cup by winning the wheelchair basketball game, 36-18.

Each team then sent two people to shoot 10 free throws each – one person standing and the other sitting in a wheelchair. By making eight free throws – five standing and three seated – the Army team won the tournament. The Marines made two standing and two sitting free throws.

The four events, played in Naval Support Activity Bethesda's Fitness Center gym and CrossFit gym, included an obstacle course (Marines won), seated volleyball (Army won), rowing (Marines won), and wheelchair basketball (Army won).

It was Marine Staff Sgt. Moncelly Fuller's first time playing wheelchair basketball – and even though his team lost, he said he was glad he participated.

"That's the hardest thing to do because you don't have the momentum of your legs; you're just legitimately using your arms to do it and trying to steer up-and-down the basketball court," Moncelly said. "It's a lot of stuff to focus on; I give it up to people who actually do that for a sport."

Moncelly, who is receiving treatment for major depressive disorder, said this event helped keep his mind busy instead of focusing on small issues.

"It was good to get out here and get back with Marines who aren't necessarily like me but here for the same reason: Get treatment and get better," Moncelly said. "It was good to actually see them motivated out here and to have fun."

Bryce Doody, Army sports coordinator, said the Commander's Cup was held as a way to motivate people to get involved in the various physical activities offered on the installation that they might not have known about.

"A lot of people, I wouldn't say had eye-opening experiences, but something like 'Oh, I can actually do that and I can enjoy staying physically fit,'" Doody said.

"We have people come here after some type of injury, whether it's intellectual or physical, and they're just not aware that opportunities exist for them to get out there and participate."

Army Spc. David Snipes, who lost all motor-function in his left arm after a motorcycle accident, participated in the obstacle course, seated volleyball and rowing events.

"Rowing was intense, we had a good time," Snipes said.

Snipes and other Warrior Transition Brigade (WTB) members are headed to the Warrior Game Trials in Texas and Snipes said he plans to participate in cycling, shotput and discus, seated volleyball and archery events.

Patrick Johnson, a rowing program instructor, shared his enthusiasm with the two teams on how rowing can help them connect to a team sport and not let a disability stop them.

"On the water, they're all the same," he said.

He showed them how to use the rowing machines before letting the two teams compete. The Marines came out ahead by rowing a distance of 7,195

meters to Army's 7,049 meters.

In the first day of competition, Army beat the Marines in three games of seated volleyball.

Marines won the obstacle course, which had several different elements, including 10 pull-ups, sprints across the gym, laps around the track, a wheelchair course with proper basketball techniques, a 24-piece puzzle, a 25-pound sandbag run, a word find and a bear-crawl across the gym.

Army Staff Sgt. Matthew Lindell, part of the WTB cadre, said the purpose of the event was to help show the Wounded Warriors some of their possibilities going forward.

"These guys that are locked into wheelchairs now have a second option and can actually prove themselves to a point where now they [realize they] have worth," Lindell said. "Now they can go ahead and jump in a wheelchair basketball game and go for the Paralympics, they can go for the Endeavor Games, the Warrior Games. It keeps them out of their rooms, keeps their mind open and keeps them physically fit."

USU President's Column



Dr. Charles L. Rice
President
Uniformed University of the
Health Sciences

Ongoing research studies at the Uniformed Services University of the Health Sciences (USU) indicate that stress can have short-term, as well as long-term, effects on overall health, including heart health and other chronic diseases.

The Collaborative Health Initiative Research Program (CHIRP), a major partnership between the USU and the National Heart, Lung, and Blood Institute at the National Institutes of Health, was launched to conduct research on the genetic causes, prevention, mitigation and treatment of heart, lung and blood diseases, and sleep disorders—all of which affect the readiness of the uniformed services and the health of military families.

The study is headed by CHIRP Director Dr. Harvey Pollard, chair of USU's Anatomy, Physiology and Genetics department, along with

CHIRP Deputy Director Dr. David Scott of the Department of Medicine. The study will integrate clinical epidemiology databases and electronic health records with whole genome sequencing, along with other “-omics,” such as proteomics or metabolomics.

CHIRP is an integral part of the Precision Medicine Initiative, which offers an approach to disease prevention and treatment that considers the unique genes and environment of each patient. The ultimate goal of such an approach is to deliver personalized medicine: the right treatment, at the right time, to the right patient.

CHIRP will be able to access genomic data and electronic health records from more than 9.5 million Department of Defense beneficiaries at military treatment facilities worldwide, including Walter Reed National Military Medical Center, and will have access to 55 million annotated patient samples stored in military and related repositories for this effort. By using this ethnically-diverse population base, all of whom will have equal access to health care, to study these disorders, scientists will be able to provide novel insight into optimal medical treatment for individual patients. This will be important for both military and civilian populations.

Additionally, CHIRP will provide genome sequencing for other military-relevant diseases to include sickle cell trait and its relationship to rhabdomyolysis; prostate, breast, gynecologic and other cancers; and mild traumatic brain injury and its relationship with “Soldier’s heart.”

A human genome has more than 3 billion bases, so CHIRP scientists are generating 400 “copies” of a human genome per run on their powerful sequencing machines. Each genome has to be sequenced at least 30 times (30x coverage) to be accurate, but CHIRP researchers are currently at about 40x coverage in their runs as they conduct eight to ten genome samples in each flow cell.

This synergistic partnership demonstrates the power of combining the national biomedical research assets of USU, NIH and the Military Health System to combat disease and injury.

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MCC, NCI Collaborate to Support National Cancer Initiative

By **JAMIE PETROSKEY**
WRNMMC Public Affairs
staff writer

Walter Reed National Military Medical Center's (WRNMMC) John P. Murtha Cancer Center (MCC) and the National Cancer Institute (NCI) announced the Biobank's first transfer, Feb. 12.

The MCC has more than 300 scientists and researchers who are now sharing their biobanking resources with the skilled teams at the NCI to make quicker and more efficient discoveries in cancer research. The MCC Biobank will give patients the opportunity to play a major role in their own treatment and contribute to the fight against cancer.

Army Col. (Dr.) Craig Shriver, MCC director, explained how The College of American Pathology accredited WRNMMC as the 25th biobank to be accredited, making it one of the nation's foremost repositories for research.

Shriver noted the significance of the first transfer as a vision set into motion by the Tri-Federal Cancer Initiative, between the Uniformed Services

University of the Health Sciences (USU), WRNMMC and NCI. This initiative was signed into effect to allow the agencies to work together in every way possible to "accelerate discoveries." This transfer is the first step in moving toward the larger initiative in the fight against cancer.

Additionally, the MCC has a biobank on location as well as a government-owned off-site repository that safely stores the tissues of consenting patients who have had portions of tumors removed during surgery for cancer diagnosis. The unused portions of these tumors are safely stored under strict regulations in the WRNMMC Biobank and the government-owned off-site repository. Shriver said 95 percent of patients are expected to give consent to the tissue donation prior to surgery.

The NCI biobank will mirror the biobank operated by the MCC. Why is this needed? Why couldn't NCI just borrow MCC samples? Regulatory challenges make the process of sharing slow and inefficient, Shriver said.

"[Feb. 12] marks the beginning of landmark cancer research; tissues and



PHOTO BY SHARON RENEE TAYLOR

Staffs of Walter Reed National Military Medical Center's John P. Murtha Cancer Center (MCC) and the National Cancer Institute participate in the MCC's Biobank first transfer Feb. 12.

data will be shared by two influential centers leading the fight against cancer," he added.

The first transfer of tissues also signifies a new binding relationship.

"We are living now in the modern era of really high molecular technology," said Shriver, as the shared tissue repository allows scientists and researchers to combat problems and find answers with fewer regulatory and logistics issues. Shriver notes that every two weeks there will be a tissue transfer.

Since opening, Shriver reports MCC has built up biobanks that hold more

than 7,000 Department of Defense patient samples. Each patient contributes approximately 5-10 samples, equating to more than 70,000 tissue samples. Along with the tissue samples comes an unprecedented amount of patient information that includes family histories as well as being able to electronically track all patients from the first day of diagnosis to disease recurrence.

According to Shriver, this collaboration will provide the foundation for the elevation of discoveries, adding, "Here at WRNMMC, we are at the tip of the spear."

Heart Disease: Leading Killer for Women

By **SHARON RENEE TAYLOR**
WRNMMC Public Affairs Staff
Writer

Heart disease is the leading cause of death for women in the U.S., accounting for one in three deaths.

Nearly one woman dies every minute from cardiovascular disease, according to Shanez Motamedi, a family nurse practitioner in the cardiology clinic at Walter Reed National Military Medical Center (WRNMMC).

"To put it in perspective, there are about 60,000 deaths from breast cancer annually compared to 500,000 from cardiovascular disease," she explained.

Motamedi said many women die of heart disease because most aren't aware of heart disease as a major health concern, and view heart disease as a condition that primarily affects men. She said women are less likely to be treated aggressively, and are more likely to die of heart disease than men.

"Most women believe breast and cervical cancer are the leading cause of death for women, mostly because public education for preventing and screening the disease has been very good," said Motamedi. "We need to intensify our effort in educating women for the risk factors of developing heart disease, discussing the symptoms, as



PHOTO BY SHARON RENEE TAYLOR

Caroline Bodner, a nurse practitioner in the cardiology clinic, examines a Soldier.

well as encouraging women to seek help and play a larger role in their heart health.

"It is crucial that women educate themselves about their risk factors for heart disease as well as prevention and treatment."

According to the Centers for Disease Control (CDC), nearly 48 percent of African American women have some form of cardiovascular disease, includ-

ing heart disease and stroke.

"African Americans are impacted more by stroke than any other racial group in the American population," said Navy Cmdr. (Dr.) Saira Aslam, a staff cardiologist. "African American women are nearly twice as likely to die from stroke as Caucasian women, and are more likely to have strokes earlier in life.

"They are also more likely to become

disabled and experience difficulty with daily living and activities."

Aslam attributed the main reason for this to a higher incidence of stroke risk factors like high blood pressure, diabetes, obesity and smoking. Women who smoke have twice the risk of stroke as compared with nonsmokers, she said. Sickle cell anemia, the most common genetic disorder among African Americans, is also a risk factor for stroke.

Heart disease is often thought to be a "man's disease," however both men and women die from it.

Kay Arnsburger, a physician assistant and manager of the cardiac rhythm device clinic, said around the same number of women and men die each year of heart disease in the U.S. despite increases in awareness over the past decade. Only 54 percent of women recognize that heart disease is their number one killer, she said, referencing CDC statistics for women and heart disease.

Even though both men and women can die from heart disease, there are differences between the sexes.

A significant challenge for diagnosing women with heart disease is the lack of

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WRNMMC Doctor Recognized for Life-Saving Efforts

Neonatologist Saves Drowning Child While Vacationing in Florida

By **BERNARD S. LITTLE**
WRNMMC Public Affairs
staff writer

A Walter Reed National Military Medical Center (WRNMMC) physician was recently recognized for saving a child's life while on vacation in Florida last April.

During a meeting of the WRNMMC Board of Directors Feb. 8, Army Col. (Dr.) Stuart A. Roop, director of medical services, read a letter praising the life-saving efforts of Navy Lt. Cmdr. (Dr.) John Podraza, a WRNMMC staff neonatologist and assistant service chief of neonatology.

The grandmother of the child saved by Podraza wrote the following letter:

"To Whom It May Concern,
I am writing this letter with my sincere gratitude to one of your employees. I want to recognize and thank him so much for his actions in April 2015. We were vacationing at a resort in Kissimmee, Florida when an accident happened [and] my grandson drowned. Dr. John Podraza went above and beyond and did everything for my grandson Malique Williams, and by him doing what I'm sure every doctor would do, he saved my grandson and because of him, he is still alive today.

That day was so painful and numb for me and my family; you can never think it can happen to you, but I want everyone to know that in our eyes [Podraza] is the best doctor ever. We can't say how much we thank him. He



PHOTO BY BERNARD S. LITTLE

During the Feb. 8 Walter Reed National Military Medical Center (WRNMMC) Board of Directors' meeting, WRNMMC Director Navy Rear Adm. (Dr.) David A. Lane (left) thanks Navy Lt. Cmdr. (Dr.) John Podraza, a WRNMMC staff neonatologist and assistant service chief of neonatology, for Podraza's efforts in helping to save the life of a child while on vacation in Florida last April.

has been active and concerned since the day it happened; he gave me his number, told me to keep him informed of everything they were doing at the hospital, and told me he worked with kids and injuries like that if I needed anything. He calls and texts me regularly since that happened to check on [Malique] and I am forever thankful....Please let everyone know of the great doctor he is to me and my family.

*With Sincere Thanks,
Shameeka Williams Brown"*

Podraza said that prior to the accident, his children were playing with

Malique, 7, at the pool, which had no life guard. "Suddenly, we heard a bunch of people screaming and when I looked over, [Malique] was laying lifeless down at the bottom of the pool. Another gentleman dove in to grab him and I ran over to the edge to help pull him up on the deck."

"He was completely limp, blue, was not breathing and I couldn't feel a pulse," said Podraza, who is also the program director for the Pediatric Advanced Life Support (PALS) program at WRNMMC. The program trains all health-care personnel at WRN-

MMC who care for children, how to resuscitate them if they present with life-threatening conditions.

After pulling Malique out of the pool, Podraza said he asked the gentleman who dove in the pool to grab the boy, if he knew CPR, which he did and added that he used to be a life-guard.

"We then immediately started performing CPR on the boy," Podraza added. "I also yelled for someone to call 911 and bring an automated external defibrillator [AED] or any medical bag and equipment they might have at the resort."

Podraza explained that he continued to give Malique CPR and the boy began to expel pool water.

"I was trying hard to keep his airway clear," said the doctor. "After about four or five minutes, he started to move and gasp. I checked again and now he had a pulse."

"We quickly rotated him up on his side and then he started [expelling] large amounts of pool water and coughing and gagging."

Podraza added that he and the other man who jumped into the pool to retrieve Malique stayed with the boy, keeping his airway clear until paramedics arrived on the scene.

"They loaded him up and moved him to the parking lot where he was picked up by helicopter and taken to the Pediatric Intensive Care Unit at Orlando Regional Medical Center," said Podraza. "I gave the police and paramedics a report of what happened and what we did. No one remembered seeing [Malique] go un-

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NMCRS Active Duty Fund Drive Starts March 1



By **ANDREW DAMSTEDT**
NSAB Public Affairs staff writer

If there are problems paying bills, or financial assistance needed to move, or travel expenses due to a loved one's illness or recent passing, the Navy-Marine Corps Relief Society



Ensign Cyndele McVeigh

(NMCRS) can provide much-needed financial support to Sailors and Marines.

That's why the NMCRS Bethesda office is seeking donations during its Active Duty Fund Drive, which starts March 1 and ends April 15.

"I think a lot of people don't realize the impact a small amount of money can make on a Sailor or Marine's life," said Ensign Cyndele McVeigh, Naval Support Activity Bethesda's (NSAB) base-wide coordinator for the drive.

McVeigh explained that the program's goal is to reach every Sailor and Marine on base by speaking to them individually about the fund drive, and how the money goes to helping fellow Sailors and Marines.

"We're trying to spread the knowledge personally, face-to-face to every single active-duty (Navy or Marine) service member on base," she said. "If every single active-duty (Navy or Marine) member on base donated a \$10 (monthly) allotment for one year we could raise \$300,000 this year, just on this base."

In 2015, the fund drive raised \$29,000 from contributions onboard

NSAB, according to NMCRS Bethesda Director Gillian Connon. The fundraising goal this year is to raise \$40,000, McVeigh said.

Last year, the Bethesda office provided \$457,961 in financial help to 483 clients, Connon said.

The interest-free loans and grants provided included help for basic living expenses, moving costs, household needs, family emergencies, medical care, vehicles repairs, transportation costs after the death or illness of a family member and other expenses.

The NMCRS Bethesda office has 15 volunteers who provide financial assistance, such as budget counseling. The office is located in Building 239 at the end of the Z lot.

To donate, a Sailor or Marine can fill out an allotment form or contact the NMCRS Bethesda office at 301-295-1207.



Air National Guard Bands Visits CDC

"In Flight," a woodwind quintet comprised of members from the Pennsylvania Air National Guard Band of the Northeast, charmed children from Naval Support Activity Bethesda's Child Development Center with a round of classical tunes Feb. 19. The quintet entertained four groups of children, all of different ages, and hosted a "musical petting zoo," allowing the children to touch the musical instruments and see how they operated.



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TRICARE Online Releases Redesigned Prescription Refill Services



COURTESY GRAPHIC

By WRNMMC Department of Pharmacy

TRICARE Online (TOL) now offers an enhanced prescription refill feature allowing beneficiaries to order their prescription refills at their preferred military hospital or clinic pick-up location. The feature also allows beneficiaries to access their pharmacy and prescription data, as well as the status of their refills, which lets beneficiaries know when their prescription is ready to be picked up.

Feb. 1, Walter Reed National Military Medical Center (WRNMMC) started using www.tricareonline.com for online ordering of prescription refills. Patients must register with TOL before gaining access to request a refill.

TOL email and text notifications are now also available for refill requests. Your TOL account will display a notification message confirming your request and telling you when you can pick up your refill(s). You can also schedule alerts by email and text to remind you when your prescription needs to be refilled, and

prompt you if you forget to pick up a prescription. TOL also offers a link to the TRICARE Mail Order Pharmacy if you prefer to schedule home delivery.

Here are the steps beneficiaries need to follow to refill an active prescription using TOL:

1. Go to www.tricareonline.com and click "Log In."
2. Log in with your DS Logon Premium (Level 2), DoD CAC or DFAS myPay credentials. If you do not have DS Logon credentials, click "Register."
3. Click "Rx Refill" option on the TOL home page or top navigation bar to request one or more refills.
4. Confirm your primary military treatment facility (MTF) or select a different MTF from the drop-down box.
5. Select your prescription(s) to refill, choose a "Pharmacy Pick-up Location" and click "Submit" to refill your request.
6. Request refills for your family members by selecting the "Request Refill by Rx Number" option. Enter up to six prescription numbers. Choose Pharmacy pick-up location, then submit your refill request.

WRNMMC beneficiaries can also refill their prescription(s) by calling 1-800-377-1723.

Army Col. Stephen Ford, director of pharmacy at WRNMMC, and Alfred G. Groover, lead information technology specialist for the Department of Pharmacy, explained that prior to Feb. 1, Web refills and call-in refills at the medical center were handled through a system managed by Audiotecare. The call-in method will continue to be available, but Web refills will now go through TOL.

TOL for prescription refills allows beneficiaries to view all active prescriptions with associated status information online. It also allows them to check when a prescription can be refilled, and provides immediate confirmation messages when their refill(s) can be picked up.

Beneficiaries with questions or concerns can call the WRNMMC Pharmacy Staff at 301-319-3436 and/or email: dha.bethesda.ncr-medical.list.wrnm-pharmacy@mail.mil. For more information about TRICARE pharmacy benefits, visit www.tricare.mil/pharmacy.



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DOCTOR CONTINUED FROM PAGE 4

der so we weren't sure how long he had been down for, but I was reassured by the fact that we at least got a pulse back and him breathing again.

"I was motivated to help the child because that's what I do on a daily basis – although normally on much smaller babies [and] not big 7-year-olds," he contin-

ued. "I would hope that if something like that happened to one of my children while I wasn't around, someone else would help them."

He explained that after Malique arrived at the hospital he started having a harder time breathing and developed a condition called pulmonary edema, common in near-drowning victims in which the lung tissue swells up with fluid and makes it hard to breathe.

"It became so bad that he ended up getting in-

tubated, where a tube was placed down his throat and he was put on a ventilator.

"Since I regularly do this type of [procedure] in my own job, it was easy for me to help the family understand what was going on and they were obviously grateful for it," Podraza said.

He added Malique came off the ventilator after a few days and within a week he was able to go home from the hospital.

"I have kept in touch

with the grandmother ever since to keep tabs on how Malique is doing, and I'm happy to report that he is living basically a normal life, although sadly has some speech/language deficits after the event that he is getting some therapy for," Podraza explained.

Originally from Brooklyn, New York, Podraza said he is committed to the practice of medicine and helping those in need, "whether that is in the hospital setting or out in the commu-

nity." He explained the television show "ER" was very influential in his decision to become a physician.

"When I was in high school "ER" had just come out and I thought it looked really cool, so I decided to take a night school class to become an EMT [emergency medical technician]. After graduation, I began working as an EMT in New York City and enjoyed it so much that I decided to pursue a career in medicine. I have been happy with my decision ever since," Podraza said.

"I wish that more people in the community

would learn CPR and be willing to help out when they see others in need," said the doctor. "There were more than 100 people at the pool that day yet only two of us knew CPR and were willing to help.

"I also think it is really important to teach our children water confidence and swimming at an early age in order to avoid these types of situations," Podraza continued.

"Every public pool really should have an AED and some basic life-saving equipment, especially if there isn't going to be a lifeguard on duty," he added.

HEART DISEASE CONTINUED FROM PAGE 3

recognition of symptoms that may be related to heart disease, or the fact that women don't fit into classic definitions, Aslam said. Women can develop symptoms that are subtler, and harder to detect, especially if the physician is only looking for the "usual" heart attack symptoms.

Caroline Bodner and Stacy Walsh-Pouch, nurse practitioners in the WRNMMC cardiology clinic, named symptoms of heart disease in women: lightheadedness, dizziness, increased fatigue, shortness of breath, nausea, indigestion, jaw pain, back pain, and/or sweating. Women who smoke have twice the risk of heart disease compared to nonsmokers.

Women and men share many heart disease risk factors, but recent studies show women have their own unique disease risk factors, according to Aslam.

The cardiologist named traditional risk factors common to both sexes: obesity, smoking, diabetes, high blood pressure, high cholesterol, family history, metabolic syndrome (a combination of high blood

pressure, obesity, and elevated glucose, etc.) and high levels of C-reactive protein.

"Some risk factors which can affect women disproportionately include high levels of testosterone prior to menopause and autoimmune diseases such as rheumatoid arthritis," said Aslam. "Women can also have less risk factor awareness, and this lack of recognition is a risk factor in itself."

Stress and depression are also significant risk factors for heart disease in women, she said. Physiologic effects of stress and depression include increased stress hormones, higher levels of cortisol and higher glucose levels—all of which can have detrimental effects on the heart.

Women under stress are more likely to make unhealthy food choices, and have uncontrolled cardiovascular risk factors such as elevated blood pressure and cholesterol levels.

"Taking care of a woman's outlook and well-being is as important as taking care of their blood pressure and cholesterol," the cardiologist added.



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